

Merton Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Merton Surgery on 18 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 18 August 2016 inspection can be found by selecting the 'all reports' link for Merton Surgery on our website at www.cqc.org.uk.

Following the comprehensive inspection on 18 August 2016, we carried out an announced focused inspection on 15 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our comprehensive inspection on 18 August 2016. We continued to rate the practice overall as requires improvement, however the rating for providing effective services had improved to Good.

We carried out an announced focused inspection on 4 December 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 15 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The reporting and recording of significant events had been reviewed and was sufficiently detailed to show that concerns identified were appropriately followed up to prevent further occurrences and ensure improvements made where appropriate.
- Arrangements were in place for sharing external patient safety alerts, best practice guidance and the learning outcomes from significant events, incidents and near misses with staff.
- The practice had implemented a child protection register and alerts were placed on the clinical system to identify children at risk. A protocol had been developed and implemented to monitor and follow up children who did not attend hospital appointments.
- The practice had reviewed and updated their recruitment policy and had since obtained the required documentation for the main locum GP that was used to provide holiday cover. The practice was in the process of obtaining outstanding documents for another locum GP that they rarely used.
- Disclosure and barring (DBS) checks had been obtained for all staff that chaperoned. Risk assessments had also been undertaken for existing non clinical staff that did not chaperone but had been employed by the practice for a number of years.
- Systems to assess, monitor and manage risks to patient safety had improved.
- The practice had started to improve their governance arrangements, however ongoing improvements were needed to evidence these can be sustained in addition

Summary of findings

to strengthening the practice management arrangements currently in place. The NHS England Supporting Change in General Practice team were also providing support to the practice

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to review and improve their governance and practice management arrangements currently in place.

- Review and reconcile the list held of children on the child protection register with external agencies to ensure they are current.
- Include significant events, safeguarding and complaints as standing agenda items for discussion at practice meetings.
- Ensure significant events are documented and investigated at the earliest opportunity.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Merton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Merton Surgery

Merton Surgery is registered with the Care Quality Commission (CQC) as a GP partnership provider and is located in the town of Longton, Stoke-on-Trent. The practice holds a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG).

The practice was established in 1972 and moved to a purpose built premises in 1989. The building is single storey and owned by the partners. There are two treatment rooms and two consulting rooms. The practice provides a small car park.

The practice staffing comprises:

- Two full-time GP partners (one male and one female).
- One healthcare assistant.
- A practice manager who is also the medical secretary.
- A team of reception staff and administrators.

The practice currently has a vacancy for a practice nurse, who they are actively recruiting for.

At the time of the inspection the practice had 4,194 registered patients. The practice area has a higher level of deprivation when compared with local and national averages. The population distribution is broadly in line with local and national averages.

The practice is open from 7.30am to 7pm, Monday, Tuesday, Wednesday and Friday, and from 7.30am to 1pm on a Thursday. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery. The practice has opted out of providing an out-of-hours service. Therefore when the practice is closed the out-of-hours service provider is Staffordshire Doctors Urgent Care Limited (SDUC). Patients may also call 111 or 999 for life threatening emergencies.

Consulting times with a GP are available from 9.20am to 12.20pm each day except on a Thursday when they finish at midday and from 3.30pm to 6.30pm each day with the exception of a Thursday when there is no afternoon surgery. The nearest hospital with an A&E unit and a walk in service is The Royal Stoke University Hospital.

Further details about the practice can be found by accessing the practice's website at www.mertonsurgery.co.uk

Why we carried out this inspection

We previously carried out an announced comprehensive inspection at Merton Surgery on 18 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rated as requires

Detailed findings

improvement. The full comprehensive report on the 18 August 2016 inspection can be found by selecting the 'all reports' link for Merton Surgery on our website at www.cqc.org.uk.

Following the comprehensive inspection on 18 August 2016, we carried out an announced focused inspection on 15 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements in relation to the breaches in

regulations that we identified in our comprehensive inspection on 18 August 2016. We continued to rate the practice overall as requires improvement, however the rating for providing effective services had improved to Good.

We undertook a further announced focused inspection on 4 December 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous focused inspection on 15 May 2017, we continued to rate the practice as requires improvement for providing safe services and issued requirement notices. This was because:

- The practice did not operate an effective system to act upon medicines and equipment alerts issued by external agencies.
- The practice did not have effective processes in place for ensuring all significant events, incident and near misses had been recorded, discussed and audited to maximise learning.
- Disclosure and barring (DBS) checks had not been obtained for staff that chaperoned and a risk assessment had not been carried out to identify and mitigate potential risk to patients.
- Systems were not in place to ensure that appropriate recruitment checks had been carried out for new staff and locum GPs.

We also issued good practice recommendations in this area because:

- The register of vulnerable children was out of date and a system to monitor children who failed to attend hospital appointments required implementing.
- Health and safety checks on the fire system and emergency lighting system had not been carried out at the recommended frequency.
- Improvements in documentation of actions taken in relation to legionella required review.

These arrangements had improved when we undertook a follow up inspection on 4 December 2017. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had improved their systems to keep patients safe and safeguarded from the risk of abuse.

- The practice had reviewed and further developed their safety risk assessments and shared these with staff. The

practice manager told us they were due to attend training in January 2018, arranged by the GP Federation which included health and safety, employing staff and other particular topics relevant to the local area.

- The practice worked with other agencies to support patients and took steps to protect them from neglect and abuse. Staff had access to safeguarding policies and procedures and internal and external safeguarding leads. Safeguarding had been discussed at a practice meeting held since the last inspection and records showed staff had discussed examples of safeguarding issues and concerns.
- We saw the practice now had a child protection register in place and were regularly liaising with other agencies for example, health visitors and social services. There was evidence in records we reviewed that the practice had acted on safeguarding information shared by an external agency and had updated the patients record in addition to the practice register. We were informed that the health visitor visited the practice on a weekly basis to discuss any new patients. However, lists held had not been reconciled to ensure they were current. A protocol had been developed to follow up children who did not attend hospital appointments. The practice contacted parents to follow up and recorded this on the patient records and coded this on their clinical system.
- Since the last inspection we saw disclosure and barring (DBS) checks had been obtained for all staff that chaperoned. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Risk assessments had also been undertaken for existing non clinical staff that did not chaperone but had been employed by the practice for a number of years.
- At the previous inspection we identified shortfalls in the safe recruitment of staff. Although the practice was actively recruiting for a nurse vacancy, no new staff had been employed since the last inspection. The practice had reviewed and updated their recruitment policy and had since obtained the required documentation for the main locum GP who occasionally provided holiday cover. We saw the practice was still in the process of obtaining references and evidence of professional qualifications and training for another locum GP that they rarely used. We saw the practice had assured

Are services safe?

themselves that GP locums were registered with their professional body and had clinical indemnity cover in the event of any claim for alleged medical malpractice or clinical negligence.

Risks to patients

Systems to assess, monitor and manage risks to patient safety had improved.

- At our previous inspection we found that the practice had health and safety risk assessments in place but these were incomplete and did not minimise risks to staff and patients. The health and safety policy was not relevant to the practice. At this inspection we found these had since been completed and a log of fire testing implemented and maintained and fire marshals had been appointed. An external contractor had completed a legionella risk assessment and carried out works to minimise risks to patients. We saw evidence that the practice was now undertaking weekly testing of the fire alarm in line with best practice guidance in addition to testing of emergency lighting. The practice had also contacted the local fire and rescue service, inviting them to carry out an assessment of the premises and their fire risk assessment. Following our inspection and their visit, a report of the findings was shared with us. This indicated the practice had a satisfactory standard of fire safety in place with the exception of the emergency lighting, which was required externally from both exits. We have since received confirmation from the practice that they have liaised with an electrical contractor with a view to extending the emergency lighting as required.

Lessons learned and improvements made

The practice learnt and made improvements when things went wrong.

- The system for reporting, recording and acting on significant events had been reviewed and improved since the last inspection. A significant event policy had been developed in addition to a reporting template. We saw the team had discussed significant events during a practice meeting held and a significant event file had

been implemented for all events reported. Staff understood their duty to raise concerns and report all incidents and near misses. GPs and the practice manager supported them when they did so. Since the last inspection, four significant events had been recorded. We saw these were well documented and included learning points. Significant events had been shared at practice meetings but were not always a standing agenda item.

- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, there had been a telephone repeat prescribing error. We saw this had been actioned and the practice had been open and transparent with the patient concerned and provided an apology. Action had been taken to prevent the incident from happening again by informing staff and patients that telephone requests for repeat medicines would no longer be accepted by the practice. We saw signage had been displayed advising patients of this.
- We saw the practice had taken action following the outcome of a recent fire drill to make improvements. They had contacted the local fire safety officer requesting a visit to review their fire safety arrangements. Although the practice team had agreed to document the findings of the outcome of the recent fire drill as a significant event, they had yet to do this some three weeks post the event.
- At our last inspection, we found that the process for acting on medicines alerts that may affect patients' safety was not effective. During this inspection we found that alerts provided by the Medicines and Healthcare products Regulatory Agency (MHRA) had been obtained and a central log of alerts maintained. We saw evidence that the practice had run the relevant searches to identify any affected patients and contacted patients where necessary. This process was now considered effective and maintained patient safety.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous focused inspection on 15 May 2017, we continued to rate the practice as requires improvement for providing safe services and issued a requirement notice. This was because:

Systems and processes for assessing and monitoring the service were not established or operated effectively to improve the practice. There was no overarching system in place to identify, mitigate and manage potential risks to patients and staff.

We also issued good practice recommendations in this area because:

- Clinical meetings did not include discussions and actions taken to address safety incidents (significant events, complaints, NICE guidelines etc.).
- The practice did have a documented business plan to support the practice vision and future strategy.
- Staff contact details were not included in the business continuity plan.
- A regular analysis of significant events and complaints had not been undertaken to identify and evaluate any trends.
- Not all of the required policies and procedures were in place or relevant to the practice, to include a policy for significant events, recruitment and health and safety.
- Tests on the fire system and emergency lighting system had not been carried out at the required frequency.
- Completed actions in relation to the legionella risk assessment had not been dated.
- Regular practice and clinical meetings were not being held.
- Staff had not received training in information governance.

We found most arrangements had improved when we undertook a follow up focused inspection of the service on 4 December 2017. Although improvements had been made the practice needed to embed changes to ensure sustained improvement. Therefore the practice continues to be rated as requires improvement for providing well-led services.

Governance arrangements

At the comprehensive inspection we identified some shortfalls in governance arrangements. These included the practice not having a co-ordinated approach to health and safety and some policies and procedures did not govern activity, there was a lack of formalised multidisciplinary meetings and the administrative management of the practice had not been addressed. At the previous focused inspection we found some areas had improved however, there was no clear oversight of governance arrangements being effective.

At this inspection we found the practice had started to strengthen the governance arrangements with the implementation of clinical and practice meetings, an improved oversight of health and safety arrangements and a review of policies and procedures. The NHS England Supporting Change in General Practice team was also providing support to the practice and were due to revisit again in January 2018.

- Since the last focused inspection three practice meetings and one clinical meeting had been held. We saw these had been recorded and one of the practice meetings held had included discussion around significant events, patient safety alerts, complaints and safeguarding although these were not standing agenda items as recommended. We saw evidence that clinicians had access to regular National Institute for Health and Care Excellence (NICE) updates.
- We saw staff contact details had since been included in the business continuity plan which also detailed brief arrangements for succession planning.
- A regular analysis of significant events and complaints had not been undertaken to identify and evaluate any trends. However, there was evidence that these had been reviewed and learning shared with the team. We saw the practice had agreed to raise the findings of the recent fire drill as a significant event, however records reviewed showed this remained outstanding some three weeks post the event.
- The practice very recently had a nurse vacancy and were actively recruiting to fill the position at the earliest opportunity. Nurse duties were currently being carried out by the GPs and the health care assistant had been skilled up to carry out some tasks within her competency. The administrative management arrangements had been considered since the last

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

inspection. The partners told us they were looking to employ a part-time administrator to provide assistance to the practice manager who continued to have a combined role of a medical secretary.

- The practice now had a policies and procedures file in place to include a policy for significant events, recruitment and health and safety. We saw policies and procedures were accessible to all staff and a number of these had been implemented and others were in the process of being reviewed and updated.
- We found regular health and safety tests were now being undertaken on the fire system and emergency lighting system and actions had been taken to address the risks associated with legionella.

- Recruitment practices had improved and the practice were working towards ensuring they had all of the outstanding documents required.
- Staff had not yet received training in information governance. However, the practice had made efforts to source the training which we saw had also been discussed in a recent practice meeting. The practice was looking into accessing the training via e-learning. The practice manager advised she was due to attend training in this area shortly.